FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

TC - SSB, INC.

Principal Place of Business

1997 DIVISION OF CORPORATIONS DOCUMENT # P93000050249 (0)

Mailing Address

FILED
Jan 29 1997 8:00am
Secretary of State

945.1200



1550 N.E. MIAMI GARDENS DRIVE NORTH MIAMI BEACH FL 33179		1550 N.E. MIAMI GARDENS DRIVE NORTH MIAMI BEACH FL 33179-4836							
						3. Date Incorporated or Qualified 07/16/1993		ate of Last 29/1996	
2. Principal P	flace of Business	2a. Mailing Address 26				4. FEI Number 65-0423730	Applied For Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	e	City & State				Election Campaign Financing Trust Fund Contribution			O May Be
Zip 24	Country 25	Ζίρ 29	29 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No			
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	gistered	Agent	
RO:		81	81 Name						
	.E. 3RD AVE. TE 2600		82 Street Add			ess (P.O. Box Number is Not Acceptab	le)		
MIA	MR FL 33131		83						
			84	С	ity		FL	85 Zip	Code
11. Pursuant office or ragent. La	to the provisions of Sections 607.05 egistered agent, or both, in the Stati im familiar with, and accept the oblic	02 and 607 1508, Florida State of Florida, Such change was pations of, Section 607.0505, F	utes, the abov s authorized b lorida Statute	e-na y the s.	med corporati	oration submits this statement for the p ion's board of directors. I hereby accep	urpose of it the app	changing ointment a	its registered is registered
SIGNATURE									
12.	Signature, typed or printed name of registered ac	ID DIRECTORS (NO	D1E: Registered Ag	nn: sig	jnature require	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE EDD AND	DIDECTO	DC IN 10
TITLE	D	DELETE	1.1 TITLE			ADDITIONS/CHANGES TO OFFIC	ERS AINL	Change	
NAME	BIGGS, WILLIAM		1.2 NAME					L ondings	
STREET ADDRESS	1550 N.E. MIAMI GARDENS D	OR.	1.3 STREET	I ADD	RESS				
CITY-ST-ZIP	N. MIAMI BEACH FL 33179		14 CITY - S						
TITLE	V	DELETE	2 i Trile					☐ Change	Addition
NAME	HIME, MOLLY A		2.2 NAME						
STREET ADDRESS	1550 N.E. MIAMI GARDENS D	OR.	23 STREET	ADD	RESS	. •			
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	····	2 4 CHY-	S1 - 71	iP				<u></u>
TITLE		☐ DELETE	3 1 TBU		İ			Change	☐ Addition
NAME			3.2 NAME						
STREET ADDRESS CITY-ST-ZIP			3 3 STHEET						
TITLE		DELETE	3.4. CITY - 4.1 TITLE	SI · ZI	*			Change	Addition
NAME			4. 2 NAME					Onlongs	
STREET ADDRESS			4.3 STREET	[ADDI	RESS				
CITY-ST-ZIP			4.4 CITY - S	ST - ZIE	P				
TITLE		DELETE	51 Intle					Change	Addition
NAME			5.2 NAMS						
STREET ADDRESS			5.3 STREET	ADDI	RESS				
CITY-ST-ZIP			5.4 CITY - 9	51 - Z(I	· _	·		_	
TITLE		☐ DELFTE	6.1 TITLE					☐ Change	Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET						
CITY-ST-7IP			6 A CHY - 9	: 1 - 21E	a I				

do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.